

**Perception and Knowledge of Parents
on Their Children's Oral Health
in Kep, Cambodia
June 2007**

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First of all, I thank Dr. Zakus and Dr. Draisey giving me such an amazing research opportunity in Cambodia. Without their encouragement and support, I would never have a chance to have once in a life time experience.

Thank s to Mr. Buntheon and Ms. Kuntty for generous help throughout the researching period.

My translator, ex monk, Mr. Son - He is truly the merciful person who will eventually change City of Kep into better place. With his help and encouragement, I could talk to so many different local people in schools and clinics to broaden my view on this research.

I thank other researchers and friends I met in Kep. They were the reasons I could forget home for a moment.

Lastly, I thank God who prepared for me to meet these wonderful people and finish the project safely.

The perception and knowledge of parents' on oral health was investigated in Kep, Cambodia during the month of June 2007. Questionnaire was constructed to ask about the parents' own perception and knowledge on oral health and how they intervene on the children's as well. The survey was randomly distributed to grade 4 students at primary school in 9 villages. Results indicated that the parents have fairly high perception oral health in terms of having basic materials to brush teeth and basic ideas what causes dental problem. However, 84 % of parents reported they had some forms of oral health problem suggesting disparity between perception and behaviors. Majority of parents spend less than 5 hours in a day, which makes harder for them to intervene on children's oral health. Parents also reported that due to time, cost, and transport constraints, they are having difficulty to access dental clinic. These findings highlight the fact that teaching parents would not be the effective way to promote oral health and intervene on children's oral health due to constraints from their life style.

Introduction

Cambodia is a developing country located between Vietnam and Thailand. Since the end of civil war, Cambodia is gradually re-establishing its health system. However, the country still greatly lacks professions and resources to have a self-sufficient medical system. Medical care is still inaccessible in most rural areas. Until the year 1992, there were no oral health personnel in Ministry of Health. It was only after the representations of various individuals, groups and NGOs over the period of 1990 to 1992 that one dentist was appointed to work in the Ministry of Health. By 1995, Oral Health Office was established (1). Since then until 1999, the number of qualified dentists in Cambodia has been growing including about 300 traditional dentists (2). In rural areas, the dentists are mostly traditional dentists who are trained as an apprentice of either their father or a relative [3].

City of Kep is a rural town located southwest of the capital city Phnom Penh. Its population is approximately 35,000 people scattered amongst 18 villages. Presence of poverty is evident in many areas and people do not have access to properly trained dentists. Qualified oral health doctors (dentist) are not available either at referral hospitals or at health centers. Even though caries is the most prevalent disease among children and checking oral health status is a good indicator in the diagnosing any other diseases, not much research had been done on oral

health. In 2006, Joo has conducted a survey on how many of the children aged between 10-15 years knew about dental health and what kind of dental environment they were in. It was reported that 95% of students had dental products such as toothbrush and toothpaste. Also, 83 % of children said they knew how to prevent dental caries but only 28% of them answered correctly. 60% of children were taught how to brush by their parents and 18% of them were taught by teachers or nobody. He concludes that the children are not educated properly on oral health care and this is partly caused by improper education from the parents. Also, poor oral health is not caused by the lack of resources but by the ignorance of the importance of oral health care. (4)

Knowing that the parents are the major educators for oral health care in this area, this study further investigated the perception and knowledge of the parents on their own oral health and on their children's. By looking at the parents' knowledge, their perception and how they intervene in their children's oral health, it will provide some guidelines on where and how the education and resources should be invested.

Method

The questionnaire was constructed to reflect the trend of general perception and knowledge of the parents regarding the dental care of their children. The English version (appendix 1) of this questionnaire was translated into Khmer (appendix 2). The surveys were distributed to 9 different schools in 9 different villages in Kep city during the month of June 2007. The target group was chosen to parents of grade 4 students. The students were asked to take the questionnaire to their parents for completion and were informed that there would be compensation upon returning the survey. Teachers made sure that the survey was completed properly and in time. Most of the schools had 2 days to complete the surveys but some schools had 3-4 days due to cancellation of school. Upon collection, the surveys were translated back into English with the help of a local translator who helped the researcher in collecting data

Results

General results

There were 317 participants in total. The returning rate was 99% where 317 surveys were collected out of 324. Questions skipped or left blank were not counted toward the results. 52% of participants were male and 48% were female. The parents had 4.7 children in average and the average age of children was 12.53. Some of the questions were misinterpreted by participants. For example, question 12 “when was your last time visiting a dental clinic” was interpreted as “when do you go to dental clinic”. However, I will discuss some of these misinterpretations in the discussion section.

Knowledge and perception of parents' on own oral health care

Fig 1.a

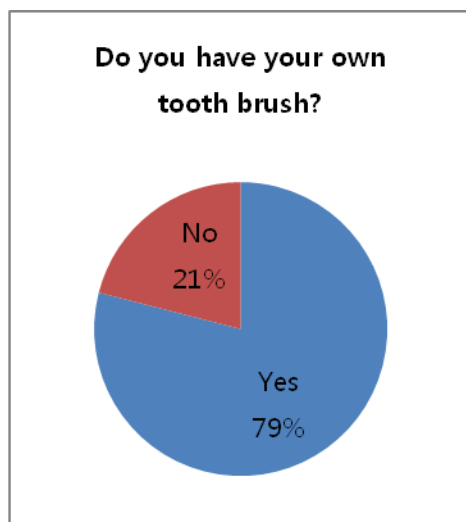


Fig 1.b

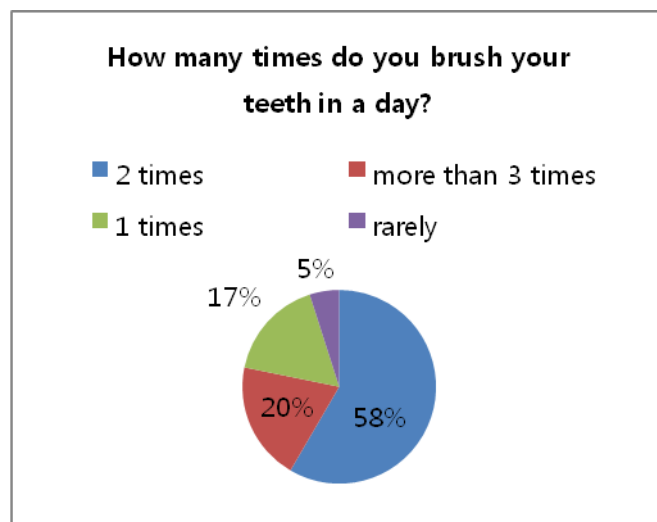


Fig 1.c

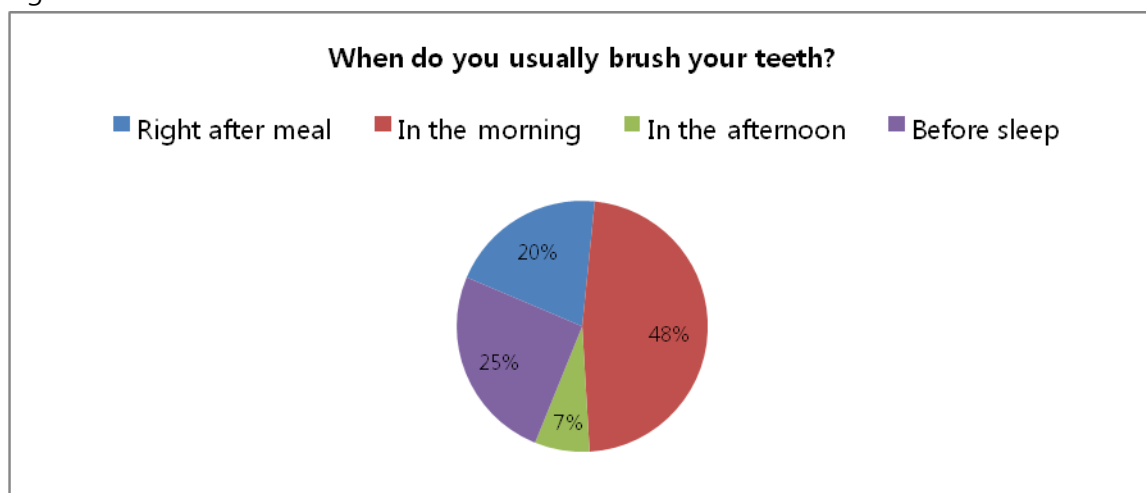
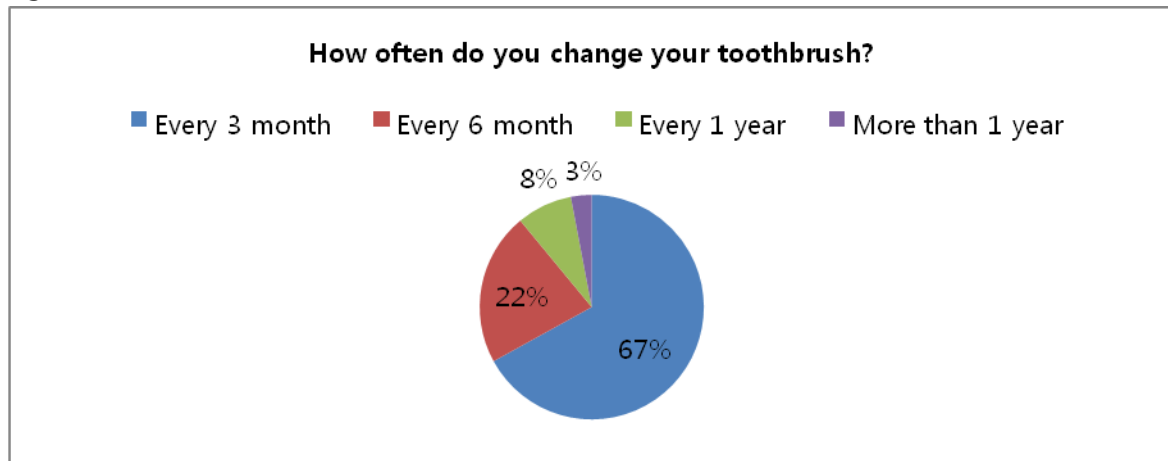
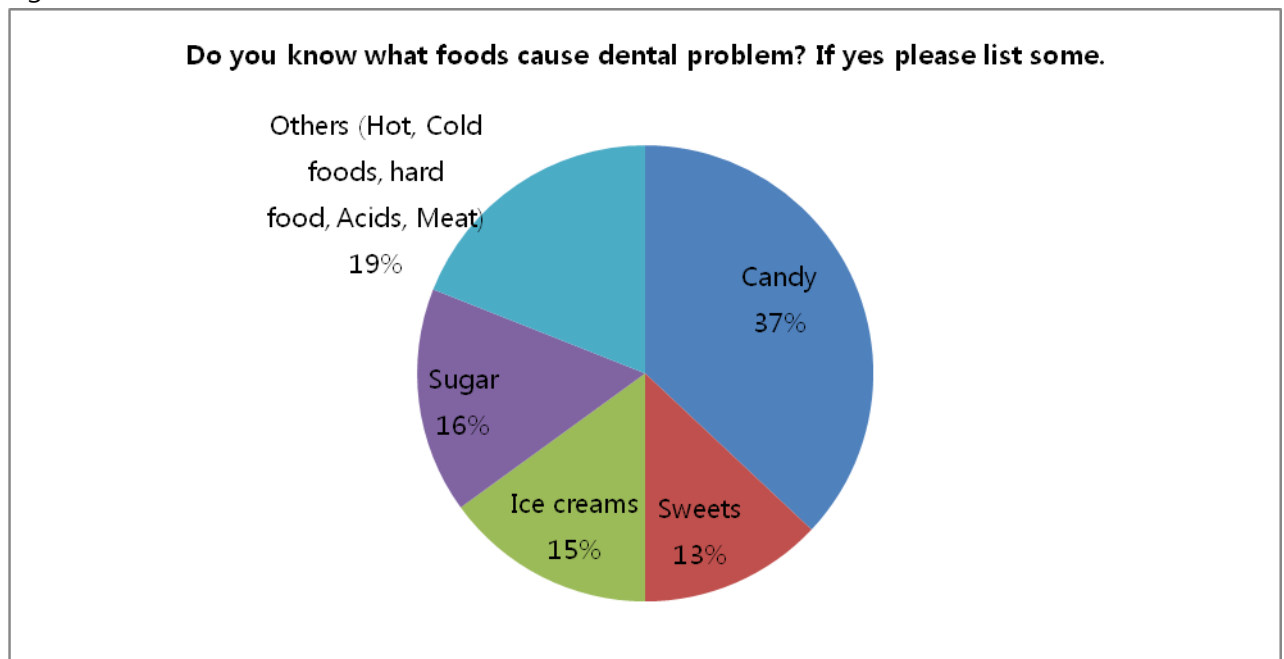


Fig 1.d



79% of the parents had their own brush (Fig 1.a) and 59% of them brushed 2 times a day. (Fig. 1b) When asked what time of the day they brush, including multiple answer, 48% said they brush in the morning (21% only in the morning) and 25% said before they sleep(21% only before sleep) (Fig 1.c). Among who had the brush, 67% of people changed their brush within 3 month and 11% said that they change more than every year. (Fig 1.d)

Fig 2



When asked about the cause of caries, there were many different answers. Although majority of them answered candy, food made by sugar and ice-creams cause dental problem, some answered that hot or cold foods, ice and meats cause the problem. There were few people who answered that acid and foods remains in mouth caused the dental problem. (Fig 2)

Fig3

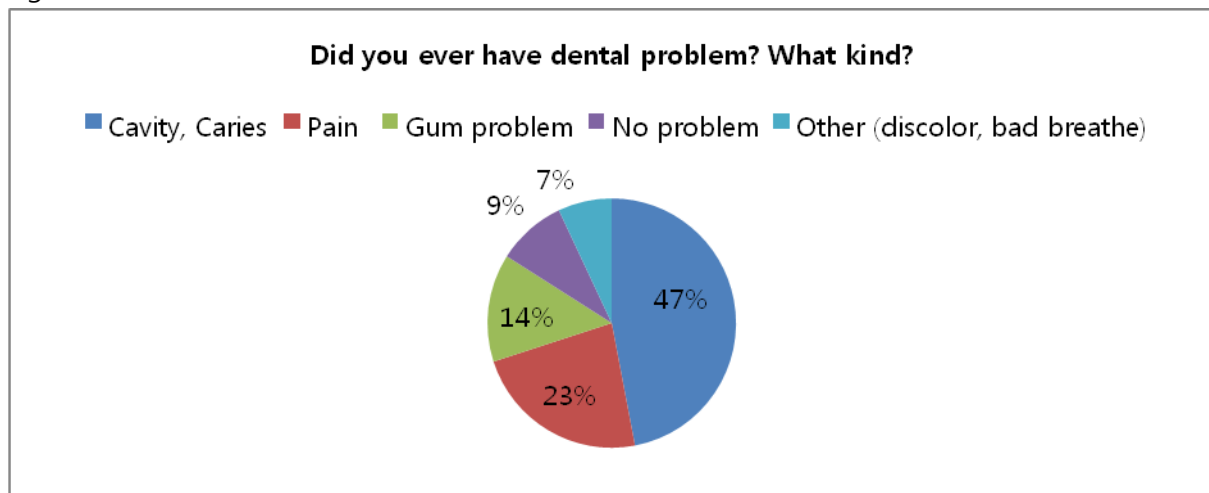
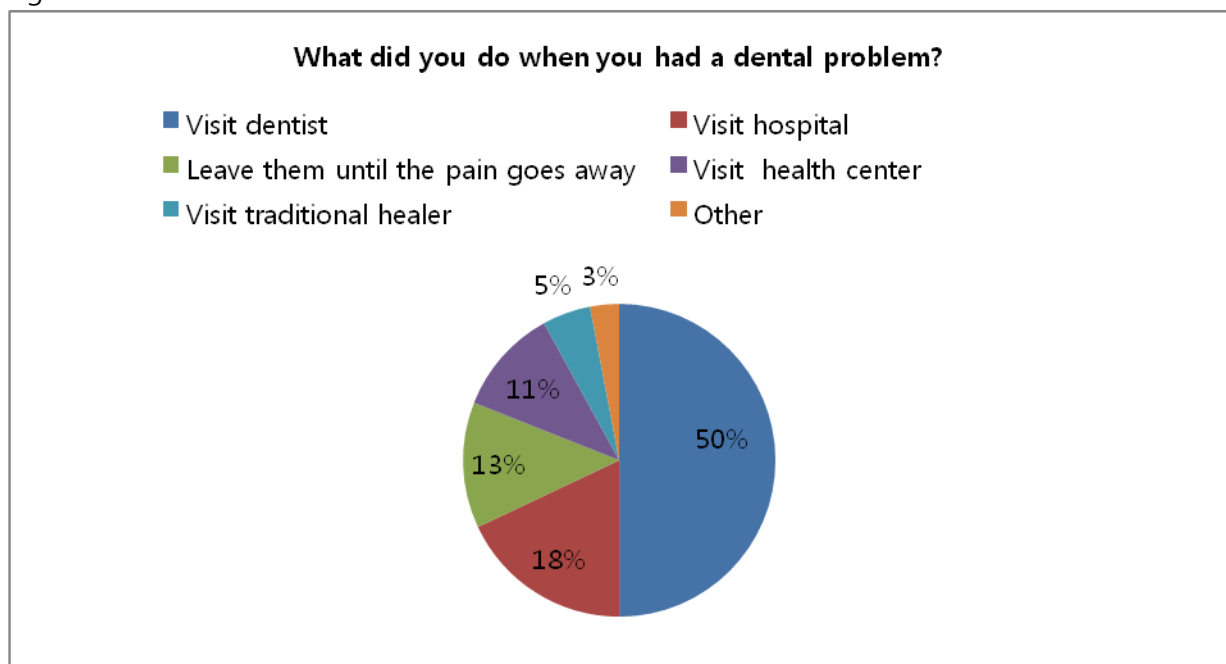


Fig 4



84 % of parents had dental problems ranging from caries, gum problem and some sort of pain but only 65% has ever visited dental clinic. (Fig 3) In Response to the dental problem, not many people (5%) went to see traditional healer where it's popular stop for general treatment. Thirteen percent of people left pain untreated until it went away. Eighteen percent and 11% of people went to hospital and health center respectively. (Fig 4)

Knowledge and perception on children's oral health care

Fig 5

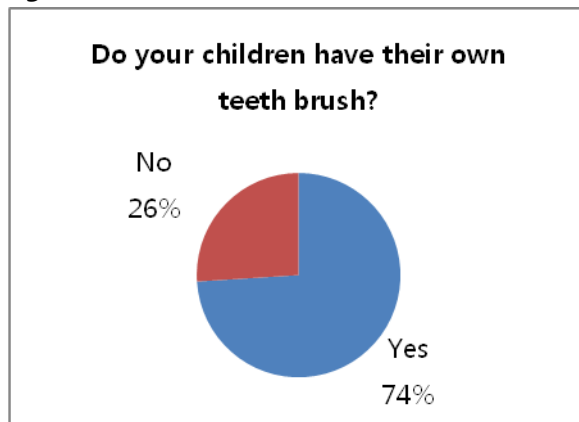


Fig 6.a

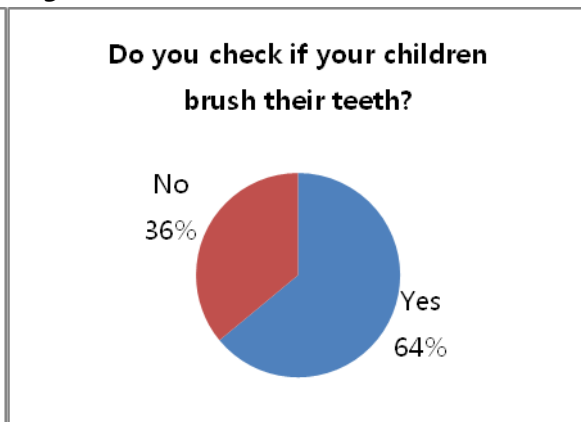
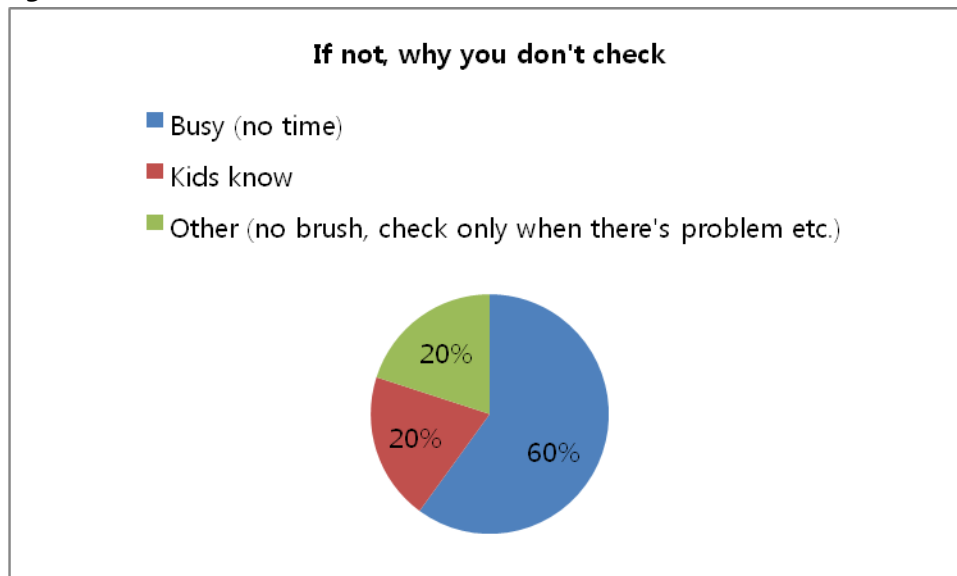


Fig 6.b



74% of parents said that their children had their own brush. (Fig 5) When asked whether the parents check children brush, 64% said they do check. (Fig 6.a) However, many participants who said they check also answered why they don't check. The most common reason for not checking was that they were busy or had no time to check. Also, 17% said they don't check because the children already know how to brush. Other answers include 'not enough income', 'check only when there is problem', and 'don't have the brush'. (Fig 6.b)

Fig 7

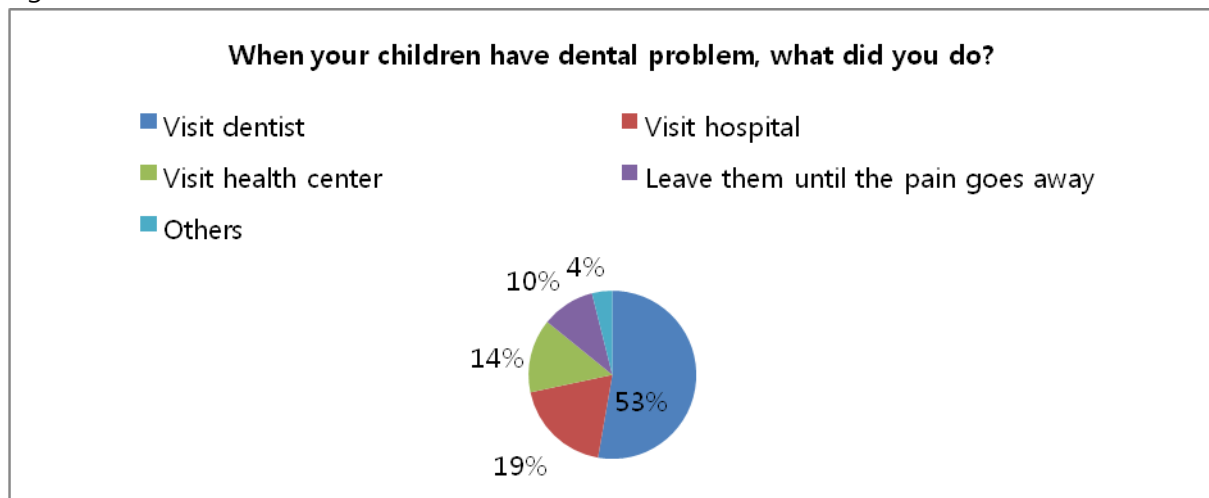


Fig 8.a

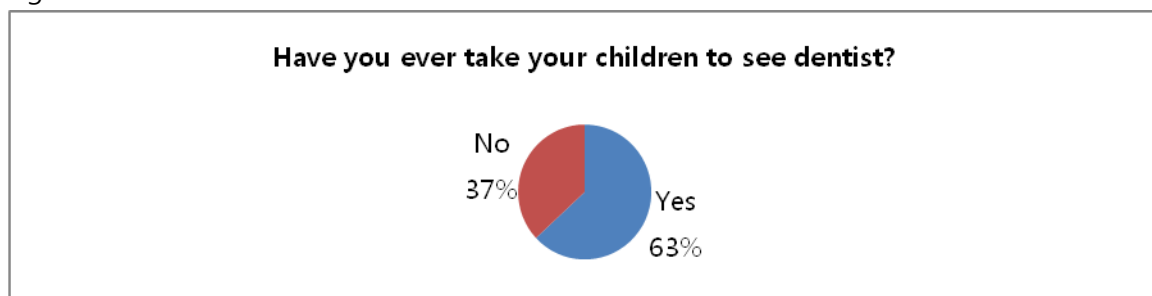
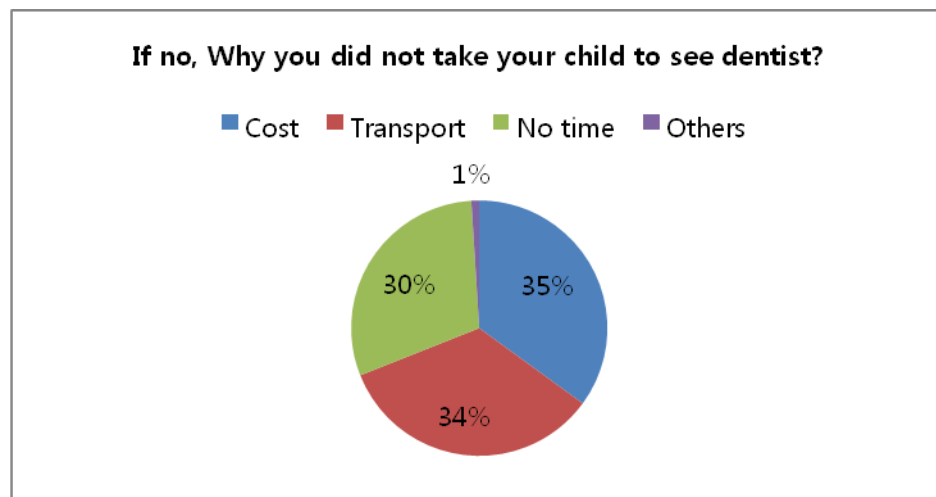


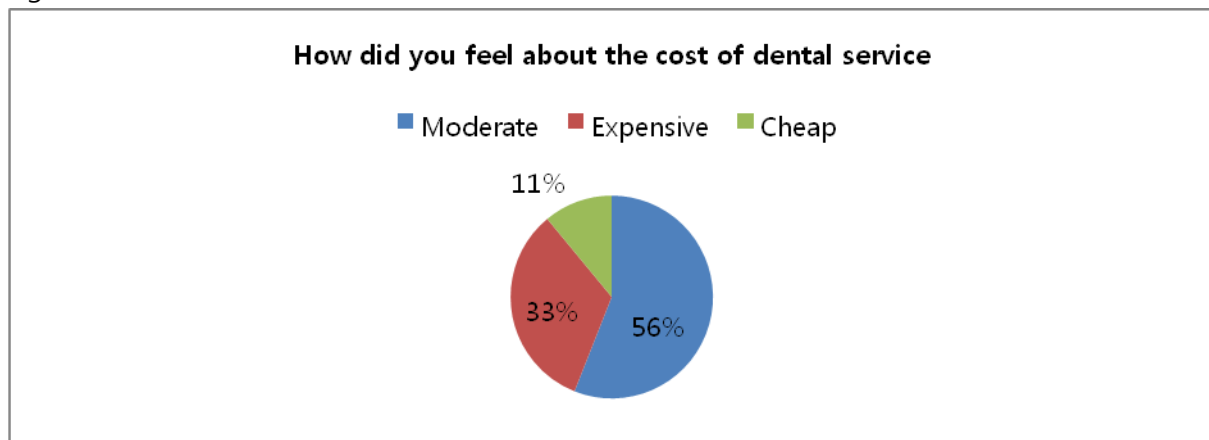
Fig 8.b



Most of the parents took their children to hospital, health center or dental clinic (traditional dentist) when the children had dental problem. However, 13% of parents said they leave the children until the pain goes away. (Fig 7) Sixty-three percent of parents have ever taken their children to dentists. (Fig 8.a) Among the parents who have not taken their children, cost, transport and the time conflict were the reason they did not take to see dentist. (Fig 8.b)

Perception on dental care

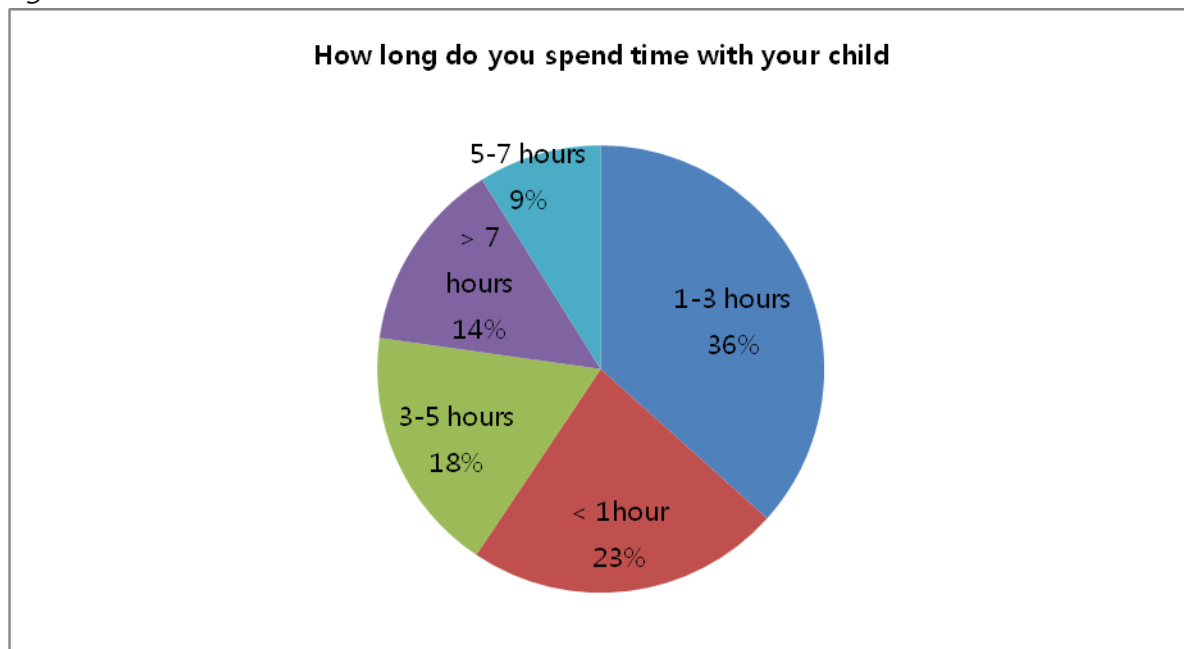
Fig 9



More than 50% of people felt that the cost of dental clinic is moderate. Thirty-three percent said it is expensive and 11% said it is cheap. (Fig 9) When asked how important the oral health compares to the general health, 92% said it is very important. Also, 82% of people said they would go to health center if the dentist is present at the site.

Others

Fig 10



Majority parents spend their time with their children less than 5 hours. Also they received oral health information mostly from dentist and broacher. (The broacher includes poster as well).

Discussion

Parent's knowledge and perception

The results show that the parents have a fairly solid idea on oral health in terms of having basic materials to brush teeth and basic ideas on what causes dental problem. Most participants had their own brush and had some ideas on what caused dental problems. Also, most brushed 2 times or more in a day and think oral health is as important as other general health. However, high percentage (87%) reporting they had some kind of oral health problem reveals that there is something wrong with their preventive behaviors.

First of all, when looking at what time they usually brush, most reported in the morning which is not effective than brushing before sleep or after a meal. Their behavior of brushing more often in the morning might be caused by the lack of proper education in oral health. Lack of education also might have led the people to brush improperly or in haste. Brushing teeth properly and thoroughly is critical to remove all the plaque inside and between teeth and this could be done by taking enough time when brushing.

Secondly, low turn out to visit dental clinic for preventive cause might have led to more problems. Although they are knowledgeable about going to see a dentist for a toothache, with only a few dentists available and constraints in transportation or time, they often seek alternatives such as health centers or hospitals. Also, habitual practice to use painkiller for temporal relief of toothaches might have caused more problems. Since caries or gum diseases with mild pain do not affect daily life too much, they might have neglected the symptoms until pain worsens and this might have resulted in more problems.

Intervention on children

Unlike the previous finding, parents did not spend much of their time with children. It was shown that 78% of parents spend less than 5 hours a day with their children. Time constraint was one of the main reasons for the parents not regularly checking whether the children are brushing their teeth. Children were less likely to have their own toothbrush. This fact suggests that they may share the brush with other siblings, possibly leading to the exchange of body fluids and increased risk for infections. (3) Also, more children than the parents were left behind at home with the pain. Cost, transport and time constraints were the main reason they could not take the children to dental clinic. This reflects that the parents are not really the main educator to give proper education on oral health. Some of the parents also neglected on primary teeth since they believed that permanent teeth will replace the old one.

Conclusion and Future direction

It is found that teaching parents would not be the most effective way to promote and intervene on children's oral health due to constraints from their life style. Many parents reported they are too busy to take care of their children. Many children are left untreated and neglected to learn good behaviors to protect their oral health.

However, it was very encouraging to find out during research that the local schools and the children were ready to absorb education tools or information from outside. There was an incident where a student who had oral health education from Red Cross clearly showed proper way to brush his teeth. Also, most schools I visited showed great interest in getting information on oral health. Some principals actually demanded not only mere financial aid but also educational tool to teach their teachers and students by themselves. However, these resources were not available in any location. Although people answered that they get oral health information from brochures (this includes posters as well), no poster or brochure was found in dental clinics or in hospitals during the researching period. Also, the fact that people have positive attitude on dentists and oral health gives brighter future if only enough resources and education were given to them.

Suggestion for dental education

(Education for parents)

Providing brochure or poster to dental clinic or health center would be very helpful to educate the parents about dental health. However, to target broader audience, and make the education more effectively, the ministry of oral health will have to work with local dentists (traditional dentists) since they are the one who are responsible for most of treatment and consultant at this moment.

In the posters or brochures, emphasis should not only be on prevention of caries but also on other consequences such as swollen gums, discoloring of teeth, or bad breath. This will help people pay more attention to the fact that brushing is beneficial not only for dental health but for overall health as well. Also, emphasis on the importance of taking care of primary teeth would be very helpful to promote children to have good habit of brushing from young age.

(Education at school)

Educating the teachers to teach about oral health would be a very efficient way to provide oral health education. This could be done with the help from health center staff or dental nurse. However, the lack of dental staff and resources are a big challenge for this strategy. An alternative way to do this would be encouraging the local private dentists to help promote oral health.

There was school preventive pilot program in Phnom Penh, where it resulted 40~50% reduction in caries.). (1) The program included competition between classes for brushing and

regular break time to brush. However, this strategy requires constant external funding and organizational support in order to sustain the program, which may be difficult to get in rural areas.

Further direction of research

Since the survey was only done on school children indirectly through students by their parents, the result might have been skewed. Therefore, house to house interview for more accurate data from broader target group might be needed. Also, we need a questionnaire that is constructed according to the international standards so that the results may be compared with those of other countries. Someone with dental background research will be needed for more detailed and accurate survey. Additionally, research on how effective is promoting health care issues at school rather than other institution will provide some guidance toward more efficient way to promote health care.

Reference

1. Evaluation of the Oral Health Office, Department of Preventive medicine, Ministry of Health, Cambodia June 2005, <http://www.oralhealthcambodia.com/>
2. Todd R. Durward CS. Utilisation of dental services in Cambodia and the role of traditional dentists. *Community Dental Health*. 11(1):34-7, 1994 Mar.
3. <http://www.ada.org/prof/resources/positions/statements/toothbrush.asp>
4. Young woo Joo, CIH reports in Cambodia, 2006

APPENDIX 1

“Perception and knowledge of parents on their children’s oral health”

Investigator: Sangjoon Hwang

Purpose: The survey investigates whether the perception and knowledge of parents on oral health influence preventive habit and status of children’s oral health

You understand that all the answers from this questionnaire will be kept confidential.

You understand that the data may be used for Cambodian National Ministry of Health upon request.

You know that any concerns or comments regarding on this survey can be told to the investigator, Sangjoon Hwang at Center for International Health located at Seaside Guesthouse.

You do not have to answer any or all questions.

The completion of this questionnaire will be the indication of consent.

Please give the completed survey form to your child for return to school in 2 days

1. Your Gender
 - A. Male
 - B. Female
2. How many children do you have?
3. Age and Gender of your children ex) 13 (male), 11(female)
4. Do you have your own toothbrush?
 - A. Yes
 - B. No
5. How many times do you brush your teeth in a day?
 - A. Rarely
 - B. 1
 - C. 2
 - D. More than 3

6. When do you usually brush your teeth? (can choose multiple answer)
 - A. Right after meal
 - B. In the morning
 - C. In the afternoon
 - D. Before sleep
7. How often do you change your toothbrush?
 - A. Every 3 month
 - B. Every 6 month
 - C. Every 1 year
 - D. More than 1 year
8. Do you know what foods cause dental problem? If yes please list some.
9. Did you ever have dental problem? What kind?
10. What did you do when you had a dental problem?
 - A. Leave them until the pain goes away
 - B. Visit hospital
 - C. Visit health center
 - D. Visit dentist
 - E. Visit traditional healer
 - F. Other()
11. Have you ever visited dental clinic?
 - A. Yes
 - B. No (if no skip #12 and #13)
12. When was your last time visiting a dental clinic?
13. Why did you visit the dental clinic?
 - A. Regular Check up
 - B. For treatment
 - C. Other ()
14. Do your children have their own teeth brush?
 - A. Yes
 - B. No
15. Do you check if your children brush their teeth?
 - A. Yes
 - B. No (If no, skip #16 and please explain why did not go to see dentist?
_____))

16. When do you tell them to brush?
- A. Right after meal
 - B. In the morning
 - C. In the afternoon
 - D. Before sleep
17. When your children have dental problem, what did you do?
- A. Leave them until the pain goes away
 - B. Visit hospital
 - C. Visit health center
 - D. Visit dentist
 - E. Visit traditional healer
 - F. Other()
18. Have you ever take your children to see dentist?
- A. Yes
 - B. No (if no, skip #19 and #20 and #21)
18. a/ If no Why you did not take your child to see dentist?
- A. Cost
 - B. Transportation
 - C. No time
 - D. Other ()
19. When was the last time your child visited a dental clinic?
- A. Within month
 - B. Within 3 month
 - C. Within 6 month
 - D. Within 1 year
 - E. More than 1 year
20. Why did your child visit the dental clinic?
- A. For regular check up
 - B. For treatment
 - C. Other
21. Who took your child to the dental clinic?
- A. You
 - B. Your Spouse
 - C. Other family member
 - D. Relative
 - E. Neighbor
22. How did you feel about the cost of dental service?
- A. Cheap
 - B. Moderate
 - C. Expensive

23. Do you know when permanent teeth start to come? If yes, When?
24. For you, how important is oral health compared to other general health?
- A. Very important
 - B. Moderate important
 - C. Not important
 - D. Not very important
25. Are you willing to go to health center if dentist is present?
- A. Yes
 - B. No
26. How long do you watch TV per day
- A. 0 hour
 - B. 1 hours
 - C. 2 hours
 - D. More than 3 hours
 - E. I don't have a TV
27. How long do you spend listening radio per day?
- A. 0 hour
 - B. 1 hours
 - C. 2 hours
 - D. More than 3 hours
 - E. I don't have a radio
28. How long do you spend with your children in a day?
- A. Less than 1 hour
 - B. 1 - 3 hours
 - C. 3 - 5 hours
 - D. 5 – 7 hours
 - E. More than 7 hours
29. Have you ever received information about oral health?
- A. Yes
 - B. No (If no skip # 29)
30. Where did you hear about the information about oral health?
- A. Dental clinic
 - B. Broacher
 - C. TV
 - D. Books

Thank you for participating in this survey

The survey will be collected in 2 days at your child's school.

Please give the completed survey form to your child for return to school in 2days

Appendix 2

មជ្ឈមណ្ឌលសុខភាពអន្តរជាតិ

កំរិតនៃការយល់ដឹង និង ចំណេះដឹង របស់ឪពុកម្តាយ ដែលទាក់ទងទៅនឹងសុខភាពមាត់ធ្មេញ របស់កូនពួកគាត់ ។

អ្នកធ្វើការស៊ើបអង្កេត : ស៊ាងជួន រ៉ាង

រង : ដើម្បីស្ថាបនាស្តង់ដារ ពីកំរិតនៃការយល់ដឹង និង ចំណេះដឹង របស់ឪពុកម្តាយ ទាក់ទងទៅនឹងទំលាប់នៃការការពារ ព្រមទាំង ស្ថានភាព សុខភាព មាត់ធ្មេញ របស់កូនពួកគាត់

អ្នកត្រូវយល់ថា រាល់ចម្លើយទាំងអស់ ដែលអ្នកបានឆ្លើយក្នុងបញ្ជីសំណួរនេះ នឹង ត្រូវរក្សាជាការសំងាត់ ។
អ្នកត្រូវដឹងថា ទិន្នន័យទាំងនេះ ប្រហែលជាត្រូវការប្រើសំរាប់ ក្រសួងសុខាភិបាលជាតិនៃ ប្រទេសកម្ពុជា តាមរយៈការស្នើរសុំ ។ អ្នកត្រូវដឹងផងដែរថា រាល់កង្វល់ ការពន្យល់ ណាមួយ ដែលទាក់ទងទៅនឹងការស្ថាបនាស្តង់ដារ ធ្វើអង្កេតនេះ សូមប្រាប់ទៅ អ្នកធ្វើអង្កេតឈ្មោះ **ស៊ាងជួន រ៉ាង** នៅ មជ្ឈមណ្ឌលសុខភាពអន្តរជាតិ ដែលមានទីតាំងនៅ ផ្ទះសំណាក់ ឆ្នេរកែប ។

អ្នកមិនចាំបាច់ឆ្លើយរាល់សំណួរទាំងអស់ដែលបានសួរនោះទេ ។

ការបញ្ចប់នៃសំណួរទាំងនេះ នឹងមានន័យថាជាការបង្ហាញពីការយល់ស្រប រឺ យល់ព្រម ។

សូមធ្វើការប្រគល់មកវិញក្នុងរវាង ២ ថ្ងៃក្រោយ នៅពេលដែលអ្នកបានបញ្ចប់ទំរង់សំណួរទាំងនេះ តាមរយៈកូនៗរបស់អ្នក ដោយធ្វើការប្រគល់អោយទៅសាលា ។

1. ភេទរបស់អ្នក :

ក. ប្រុស ☐

ខ. ស្រី ☐

2. តើអ្នកមានកូនប៉ុន្មាននាក់ ? _____

3. សូមធ្វើការប្រាប់ពី អាយុ និង ភេទ របស់កូនរបស់អ្នក (ឧទាហរណ៍ : ១៣ ឆ្នាំ ភេទ ប្រុស, ១១ ឆ្នាំ ភេទ ស្រី)

4. តើអ្នកមានប្រាសដុសធ្មេញផ្ទាល់ខ្លួន ឬ ទេ ?

ក. មាន ☐

ខ. គ្មាន ☐

5. តើអ្នកដុសធ្មេញប៉ុន្មានដងក្នុងមួយថ្ងៃ ?

- ក. កំដុសណាស់ ☐
- ខ. ១ ដង ☐
- គ. ២ ដង ☐
- ឃ. លើសពី ៣ ដង ☐

6. ជាទូទៅ, តើអ្នកដុសធ្មេញនៅពេលណា ? (អាចជ្រើសយកចំណើយច្រើន)

- ក. ក្រោយពេលញាំអាហារ ☐
- ខ. នៅពេលព្រឹក ☐
- គ. នៅពេលរសៀល ☐
- ឃ. មុនពេលចូលគេង ☐

7. តើអ្នកប្តូរច្រាសដុសធ្មេញរបស់អ្នកញឹកញាប់ប៉ុណ្ណា ?

- ក. រៀងរាល់ ៣ ខែ ☐
- ខ. រៀងរាល់ ៦ ខែ ☐
- គ. រៀងរាល់ ១ ឆ្នាំ ☐
- ឃ. លើសពី ១ ឆ្នាំ ☐

8. តើអ្នកដឹងទេ ថាតើអាហារអ្វីដែលជាមូលហេតុធ្វើអោយធ្មេញមានបញ្ហា ? ប្រសិនបើ ចាស. បាទ សូមរាយឈ្មោះ :

9. តើអ្នកធ្លាប់មានបញ្ហាលើធ្មេញដែរឬទេ ? បើមាន តើជាបញ្ហាអ្វី ?

10. តើអ្នកធ្វើអ្វី នៅពេលដែលអ្នកមានបញ្ហាលើធ្មេញ ?

- ក. មិនធ្វើអ្វីទាំងអស់ ទុកអោយវាបាត់ឈឺដោយខ្លួនឯង ☐
- ខ. ទៅមន្ទីរពេទ្យ ☐
- គ. ទៅមណ្ឌលសុខភាព ☐
- ឃ. ទៅរកពេទ្យធ្មេញ ☐
- ង. ទៅរកគ្រូខ្មែរ ☐
- ច. ផ្សេងៗ (.....)

11. តើអ្នកធ្លាប់ទៅ កន្លែងព្យាបាលធ្មេញ ដែរ ឬ ទេ ?

- ក. ទៅ ☐
- ខ. ទេ ☐ (ប្រសិនបើទេ សូមរំលងទៅសំណួរទី ១២ និង ១៣)

12. តើពេលចុងក្រោយបំផុតដែលអ្នកទៅ កន្លែងព្យាបាលធ្មេញនោះ នៅពេលណា ?

13. តើហេតុអ្វីបានជាអ្នកទៅ កន្លែងព្យាបាលធ្មេញ ?

ក. ទៅជាទៀងទាត់ដើម្បីធ្វើការពិនិត្យ ☐

ខ. ដើម្បីព្យាបាល ☐

គ. ផ្សេងៗ.....

14. តើកូនរបស់អ្នក មានប្រាសដុសធ្មេញផ្ទាល់ខ្លួនរបស់ពួកគេដែរ ឬ ទេ ?

ក. មាន ☐

ខ. គ្មាន ☐

15. តើអ្នកមានពិនិត្យកូនរបស់អ្នកដែរ ឬ ទេ ថាពួកគេបានដុសធ្មេញរបស់ពួកគេ ?

ក. មាន ☐

ខ. គ្មាន ☐ (តើហេតុអ្វីបានជាអ្នកមិនធ្វើការពិនិត្យគេ?)

16. តើអ្នកប្រាប់ពួកគេអោយដុសធ្មេញរបស់ពួកគេនៅពេលណាដែរ ?

ក. ក្រោយពេលញ៉ាំអាហារ ☐

ខ. នៅពេលព្រឹក ☐

គ. នៅពេលរសៀល ☐

ឃ. មុនពេលចូលគេង ☐

17. នៅពេលដែលកូនរបស់អ្នកមានបញ្ហាសុខភាពធ្មេញ, តើអ្នកធ្វើអ្វី ?

ក. មិនធ្វើអ្វីទាំងអស់ ទុកអោយវាបាត់ឈឺដោយខ្លួនឯង ☐

ខ. ទៅមន្ទីរពេទ្យ ☐

គ. ទៅមណ្ឌលសុខភាព ☐

ឃ. ទៅរកពេទ្យធ្មេញ ☐

ង. ទៅរកគ្រូខ្មែរ ☐

ច. ផ្សេងៗ (.....)

18. តើអ្នកធ្លាប់នាំកូនរបស់អ្នក ទៅកន្លែងព្យាបាលធ្មេញ ដែរ ឬ ទេ ?

ក. ធ្លាប់ ☐

ខ. ទេ ☐ (ប្រសិនបើទេ សូមរំលងទៅសំណួរទី ២០ និង ២១)

18. ក/ ប្រសិនបើទេ, តើហេតុអ្វីបានជាអ្នកមិននាំវាទៅជួបពេទ្យឆ្មេញ ?

ក. តំលៃថ្លៃ ☐

ខ. ការធ្វើដំនើរឆ្ងាយ ☐

គ. គ្មានពេលវេលា ☐

ឃ. ផ្សេងៗ
.....

19. តើពេលចុងក្រោយបំផុតដែលកូនរបស់អ្នកបានទៅ កន្លែងព្យាបាលឆ្មេញនោះនៅពេលណា ?

ក. ក្នុងខែ កន្លងទៅនេះ ☐

ខ. ក្នុងរយៈពេល ៣ ខែ កន្លងទៅនេះ ☐

គ. ក្នុងរយៈពេល ៦ ខែ កន្លងទៅនេះ ☐

ឃ. ក្នុងរយៈពេល ១ ឆ្នាំ កន្លងទៅនេះ ☐

ង. លើសពី ១ ឆ្នាំ ☐

20. តើហេតុអ្វីបានជាកូនរបស់អ្នកទៅ កន្លែងព្យាបាលឆ្មេញ ?

ក. ដើម្បីធ្វើការពិនិត្យជាទៀងទាត់ ☐

ខ. ដើម្បីព្យាបាល ☐

គ. ផ្សេង ៗ.....
.....

21. តើនរណាជាអ្នកនាំកូនរបស់អ្នកទៅកន្លែងព្យាបាលឆ្មេញ ?

ក. អ្នក ☐

ខ. ប្តី ឬ ប្រពន្ធ ☐

គ. សមាជិកគ្រួសារ ☐

ឃ. សាច់ញាតិ ☐

ង. អ្នកជិតខាង ☐

22. តើអ្នកយល់យ៉ាងដូចម្តេចដែរ ចំពោះតំលៃនៃសេវាព្យាបាលឆ្មេញ ?

ក. ថោក ☐

ខ. មធ្យម ☐

គ. ថ្លៃ ☐

23. តើអ្នកដឹងទេថា នៅពេលណាដែលឆ្មេញលើកបន្ទាប់ (ឆ្មេញដែលដុះក្រោយពេលឆ្មេញកំនើតបាក់) ចាប់ផ្តើម ដុះ

.....
.....

14. ចំពោះអ្នក, តើ សុខភាពមាត់ធ្មេញមានសារៈសំខាន់យ៉ាងដូចម្តេច បើអាចប្រៀបធៀប ទៅនឹងសុខភាពជាទូទៅ ?

- ក. សំខាន់ខ្លាំងណាស់ ☐
- ខ. សំខាន់មធ្យម ☐
- គ. មិនសំខាន់ ☐
- ឃ. មិនសំខាន់ទាល់តែសោះថ្លៃ ☐

15. ប្រសិនបើមណ្ឌលសុខភាព ឬ មន្ទីរពេទ្យមាន ពេទ្យធ្មេញ .អ្នកនឹងទៅធ្វើការពិនិត្យធ្មេញញឹកញាប់ មែនដែរ ឬ ទេ ?

- ក. ពិតមែន ☐
- ខ. ទេ ☐

16. តើអ្នកមើលទូរទស្សន៍ ប៉ុន្មានម៉ោងក្នុង ១ ថ្ងៃ ?

- ក. ០ ម៉ោង ☐
- ខ. ១ ម៉ោង ☐
- គ. ២ ម៉ោង ☐
- ឃ. លើសពី ៣ ម៉ោង ☐
- ង. ខ្ញុំគ្មានទូរទស្សន៍ ☐

17. តើអ្នកចំណាយពេលស្តាប់វិទ្យុប៉ុន្មានម៉ោង ក្នុង ១ ថ្ងៃ ?

- ក. ០ ម៉ោង ☐
- ខ. ១ ម៉ោង ☐
- គ. ២ ម៉ោង ☐
- ឃ. លើសពី ៣ ម៉ោង ☐
- ង. ខ្ញុំគ្មានទូរទស្សន៍ ☐

18. តើអ្នកចំណាយពេលប៉ុន្មានម៉ោងជាមួយ កូនរបស់អ្នក ក្នុង ១ ថ្ងៃ ?

- ក. តិចជាង ១ ម៉ោង ☐
- ខ. ១ - ៣ ម៉ោង ☐
- គ. ៣-៥ ម៉ោង ☐
- ឃ. ៣ - ៧ ម៉ោង ☐
- ង. លើសពី ៧ ម៉ោង ☐

19. តើអ្នកធ្លាប់ទទួលព័ត៌មាន ស្តីអំពីសុខភាពមាត់ធ្មេញ ដែរ ឬ ទេ ?

- ក. ធ្លាប់ ☐
- ខ. ទេ ☐ (ប្រសិនបើទេស្តម្រងទៅសំនួរទី ៣០)

30. តើអ្នកទទួលបានព័ត៌មាន ស្តីអំពីសុខភាពមាត់ធ្មេញ នេះនៅឯណា ដែរ ?

ក. កន្លែងព្យាបាលសុខភាពមាត់ធ្មេញ ☐

ខ. ការផ្សព្វផ្សាយ ☐

គ. ទូរទស្សន៍ ☐

ឃ. សៀវភៅ ☐

សូមថ្លែងអំណរគុណចំពោះការចូលរួមរបស់អ្នកនៅក្នុងការធ្វើការស្ទាបស្ទង់មតិនេះ

ការស្ទាបស្ទង់មតិនេះ នឹងធ្វើការប្រមូលយកវិញនៅរវាង ២ ថ្ងៃក្រោយ នៅឯសាលារៀនកូនរបស់អ្នក
សូមធ្វើការប្រគល់មកវិញក្នុងរវាង ២ ថ្ងៃក្រោយ នៅពេលដែលអ្នកបានបញ្ចប់ទំរង់សំណួរទាំងនេះ តាមរយៈកូនៗរបស់អ្នក
ដោយធ្វើការប្រគល់អោយទៅសាលា ។

Pictures of Kep

School Environment

Pic 1



Pic 2



Pic 3



Sweetened drinks, mixed with ice and colored syrups (Pic 3) are famous beverage for kids. They are much cheaper than bottled water and with no clean water available; kids enjoy these drinks to quench their thirst.

Little stores (Pic 2, 3), usually located backyard of school are run by teachers who need to make extra money since they make very small salary for teaching. Kids get snacks, fruits or homemade ice creams from these stores.

Distribution of Surveys

Pic 4



Students are getting instruction on how to complete the survey. (Pic 4.)

Kids are waving their toothbrush and toothpaste which they got for compensation upon returning the survey.

Pic 5



Pic 6



Students are greeting the teachers. (Pic 6)

A student was asked to demonstrate how to brush properly. This school had educational session previously from Red Cross and this student showed proper way to brush. (Pic 6)

Local Dental clinic

Pic 7



Pic 8



Pic 9



Dental clinic located market at Kep.

When I visited one of the clinics, there was a patient waiting for the treatment. This woman was having filling. Although not shown in the picture, the son of dentist was molding the filling. Most traditional dentists learn from their father or relative. (Pic 8)

The tools and the equipments are very primitive and lack hygiene. (Pic 9)